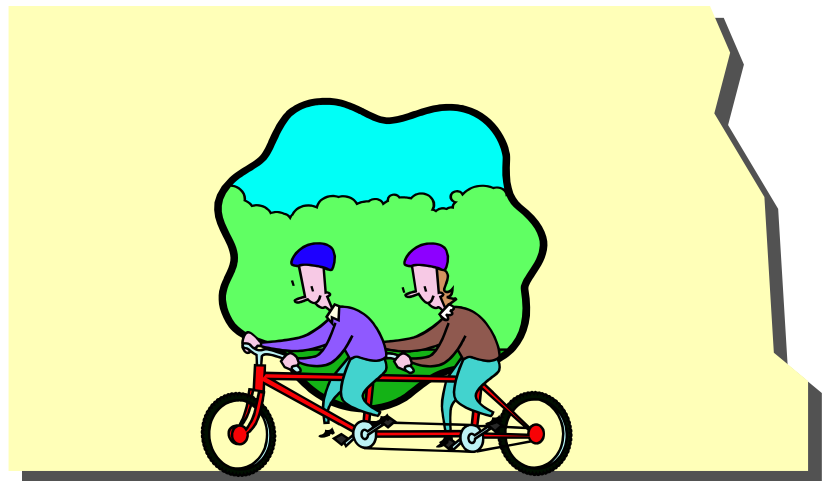


North Dakota Healthy People 2000 Summary



October 2002

John Hoeven, Governor

Dr. Terry Dwelle, State Health Officer



North Dakota Department of Health
Division of Health Promotion
600 E. Boulevard Ave., Dept. 301
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Introduction

Healthy People is an initiative of the U.S. Department of Health and Human Services. This initiative incorporates several national health objectives. Data are the foundation of Healthy People objectives.

Healthy People presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States.

Healthy People is committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death.

Healthy People Goals

Achieving a Longer and Healthier Life — the Healthy People Perspective

Healthy People seeks to increase life expectancy and quality of life by helping individuals gain the knowledge, motivation and opportunities they need to make informed decisions about their health. At the same time, Healthy People encourages local and state leaders to develop community-wide and statewide efforts that promote healthy behaviors, create healthy environments and increase access to high-quality health care. Because individual and community health are virtually inseparable, both the individual and the community need to do their parts to increase life expectancy and improve quality of life.

Achieving Equity — The Healthy People Perspective

Although the diversity of the American population may be one of the nation's greatest assets, it also represents a range of health improvement challenges — challenges that must be addressed by individuals, the community and state in which they live, and the nation as a whole.

Healthy People recognizes that communities, states and national organizations will need to take a multidisciplinary approach to achieving health equity — an approach that involves improving health, education, housing, labor, justice, transportation, agriculture and the environment, as well as data collection itself. In fact, current data collection methods make it impossible to assess accurately the health status for some populations, particularly relatively small ones. However, the greatest opportunities for reducing health disparities are in empowering individuals to make informed health care decisions and in promoting community-wide safety, education and access to health care.

Healthy People is firmly dedicated to the principle that — regardless of age, gender, race or ethnicity, income, education, geographic location, disability and sexual orientation — every person in every community across the nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health.

This report summarizes several selected Healthy People objectives for the state of North Dakota and serves as an update of where we stand on these measures of health for our state, as well as where we hope to go in the future.

Portions of this introduction were excerpted from:

Healthy People 2010: Understanding and Improving Health,
published November 2000 by the U.S. Department of Health and
Human Services

1. Alcohol and Other Drugs

1.1 Deaths caused by alcohol-related motor vehicle crashes

Year 2000 Goal:

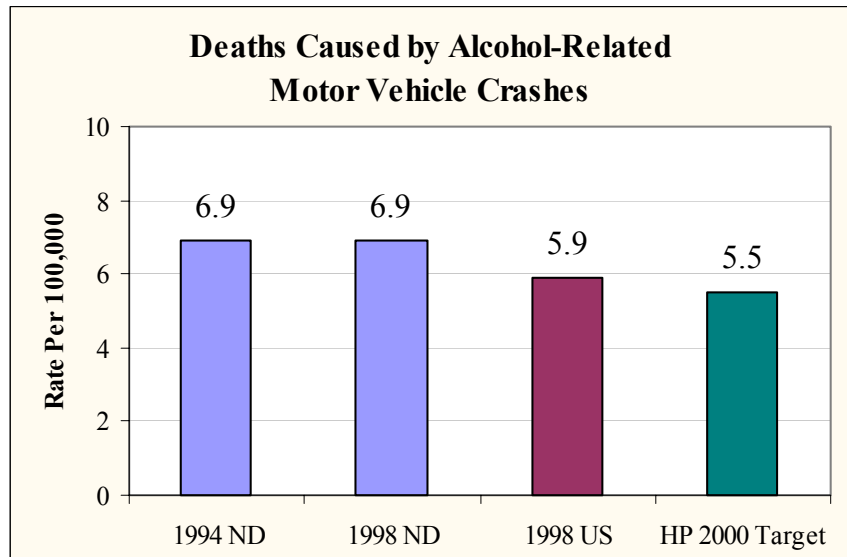
Reduce the rate of death from alcohol-related motor vehicle crashes to no more than 5.5 per 100,000 people.

U.S. Deaths 1998:

5.9 per 100,000 people

North Dakota Deaths 1998:

6.9 per 100,000 people



1.2 Age of first use of alcohol and marijuana

Year 2000 Goal:

Increase by at least one year the average age of first use of alcohol and marijuana.

U.S. Average Age 1998:

Alcohol 13.1

Marijuana 13.7

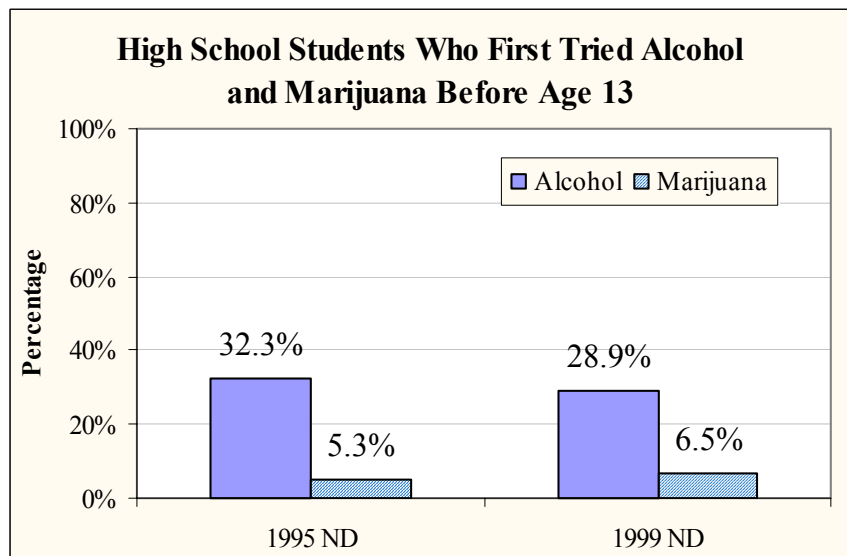
North Dakota 1999:

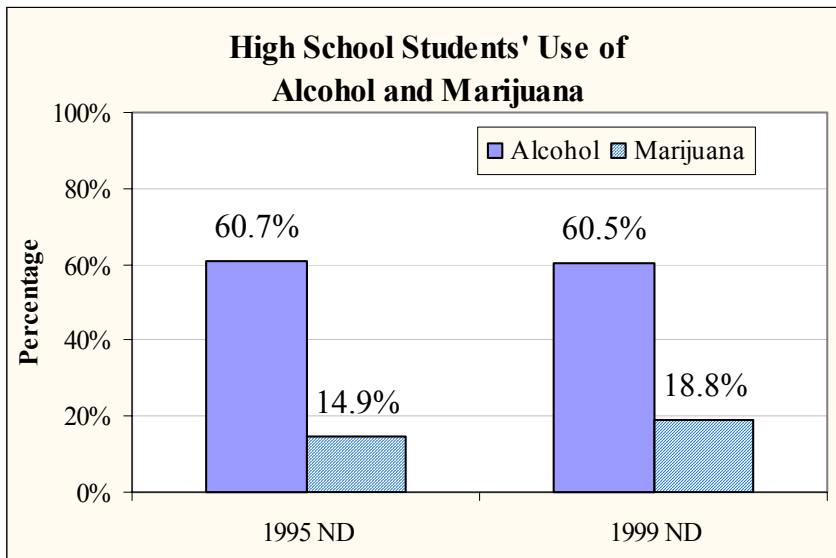
Percentage of high school students who first tried alcohol and marijuana before age 13:

Alcohol 28.9 percent

Marijuana 6.5 percent

Average age data is not available.





The age at which young people begin to drink has a strong relationship to their chances of developing alcohol dependence later in life.

1.3 High school students who have used alcohol and marijuana in the past month

Year 2000 Goal:

Reduce the use of alcohol in the past month by adolescents age 12 through 17 to 12.6 percent, and the use of marijuana in the past month by adolescents age 12 through 17 to 3.2 percent.

U.S. Rate of Substance Use, Adolescents Age 12 through 17, 1998:

Alcohol 19.1 percent

Marijuana 8.3 percent

North Dakota 1999:

Percentage of high school students who used alcohol and marijuana in the past 30 days:

Alcohol 60.5 percent

Marijuana 18.8 percent

2. Cancer

2.1 Cancer deaths, age-adjusted rate per 100,000 people

Year 2000 Goal:

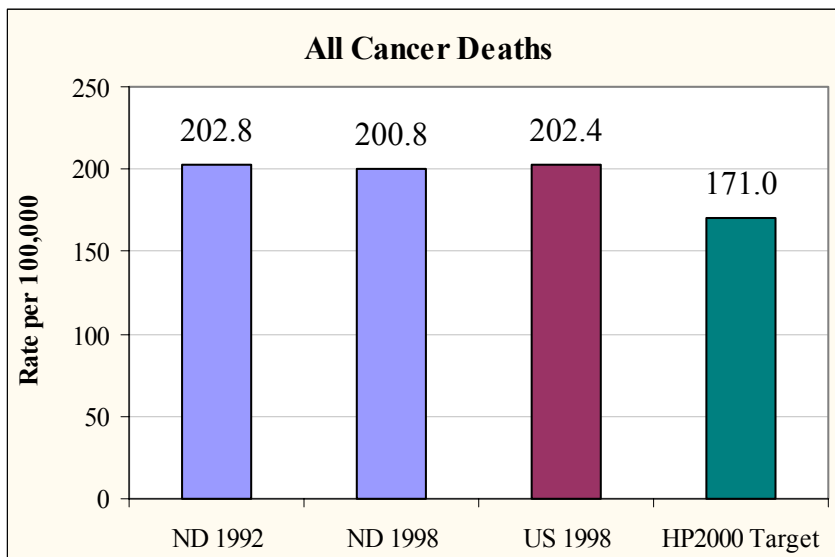
Reduce the rate of death from cancer to no more than 171.0 per 100,000 people.

U.S. Deaths 1998:

202.4 per 100,000 people

North Dakota Deaths 1998:

200.8 per 100,000 people



2.2 Breast cancer deaths, age-adjusted rate per 100,000 women

Year 2000 Goal:

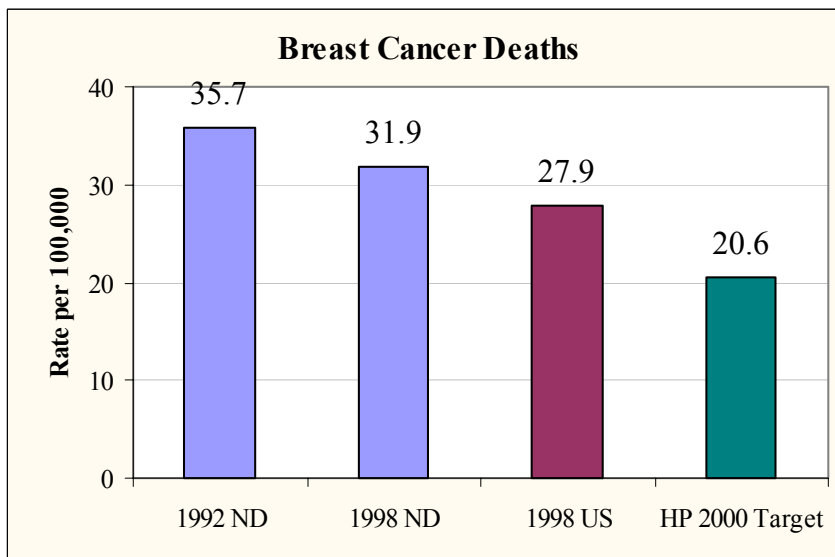
Reduce the rate of death from breast cancer to no more than 20.6 per 100,000 women.

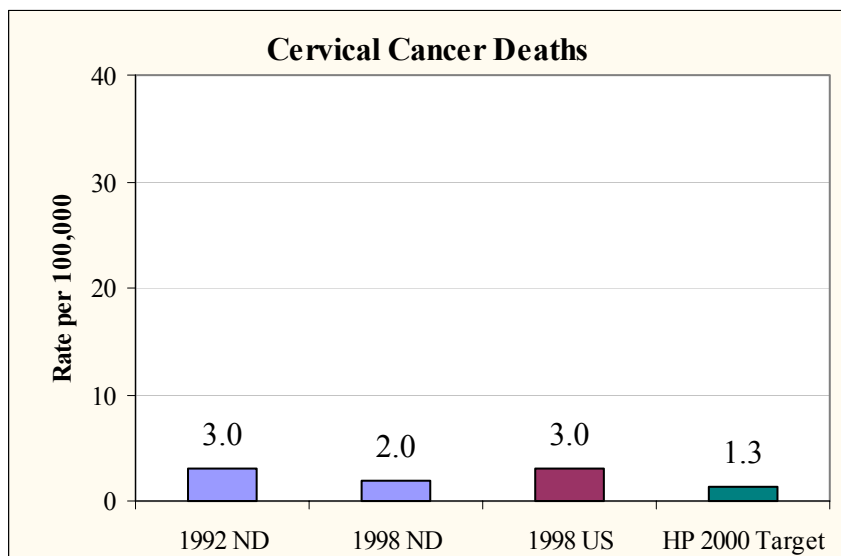
U.S. Deaths 1998:

27.9 per 100,000 women

North Dakota Deaths 1998:

31.9 per 100,000 women





2.3 Deaths from cancer of the uterine cervix, age-adjusted rate per 100,000 women

Year 2000 Goal:

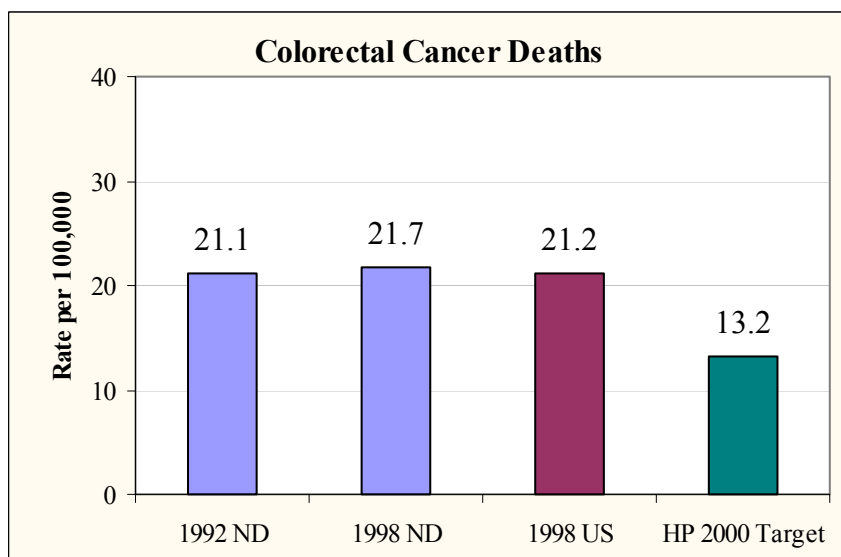
Reduce the rate of death from cervical cancer to no more than 1.3 per 100,000 women.

U.S. Deaths 1998:

3.0 per 100,000 women

North Dakota Deaths 1998:

2.0 per 100,000 women



2.4 Colorectal cancer deaths, age-adjusted rate per 100,000 people

Year 2000 Goal:

Reduce the rate of death from colorectal cancer to no more than 13.2 per 100,000 people.

U.S. Deaths 1998:

21.2 per 100,000 people

North Dakota Deaths 1998:

21.7 per 100,000 people

2. Cancer - Screening

2.5 Proportion of women age 40 and older who have ever received a clinical breast exam and a mammogram

Year 2000 Goal:

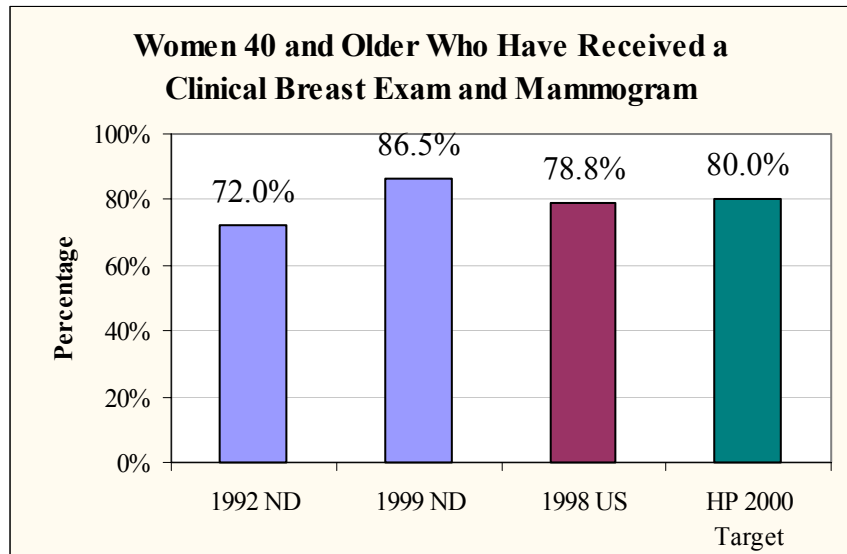
Increase the proportion of women age 40 and older who have received a clinical breast exam and mammogram to 80 percent.

U.S. 1998:

78.8 percent of women age 40 and older

North Dakota 1999:

86.5 percent of women age 40 and older



2.6 Proportion of women age 18 and older with uterine cervix who have ever received a Pap test

Year 2000 Goal:

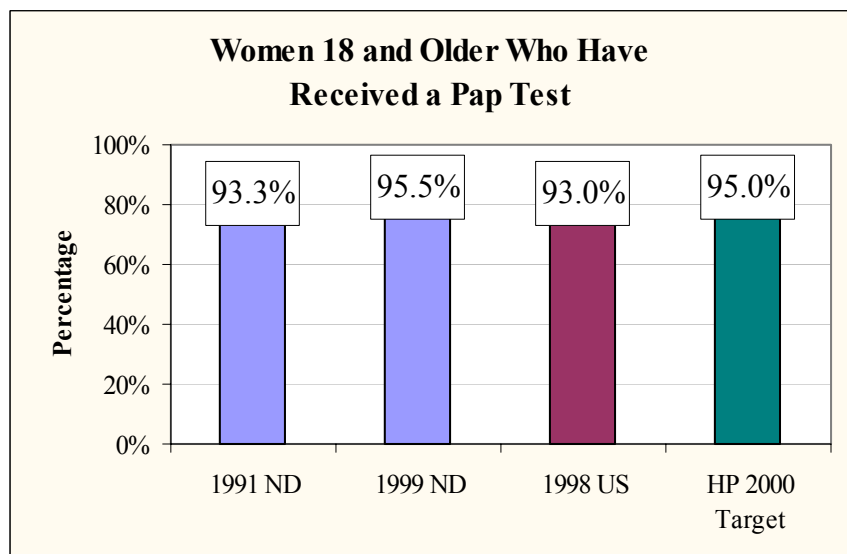
Increase the proportion of women age 18 and older who have received a Pap test to 95 percent.

U.S. 1998:

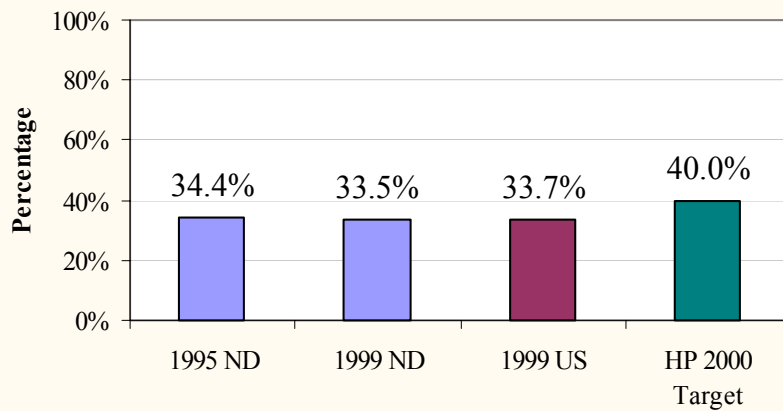
93.0 percent of women age 18 and older

North Dakota 1999:

95.5 percent of women age 18 and older



Adults Age 40 and Older Who Have Had a Sigmoidoscopy or Colonoscopy Exam



2.7 Proportion of adults age 40 and older who have had a sigmoidoscopy or colonoscopy exam

Year 2000 Goal:

Increase the proportion of adults age 40 and older who have received a sigmoidoscopy or colonoscopy exam to 40 percent.

U.S. 1999:

33.7 percent of adults age 40 and older

North Dakota 1999:

33.5 percent of adults age 40 and older

The five leading cancers diagnosed in North Dakota are:

Lung
Breast
Colorectal
Prostate
Bladder

3. Diabetes

3.1 Prevalence of diabetes, rate per 1,000 people

An estimated 24,000 adults in North Dakota have been diagnosed with diabetes. Another 12,000 are estimated to have diabetes but remain undiagnosed.

Year 2000 Goal:

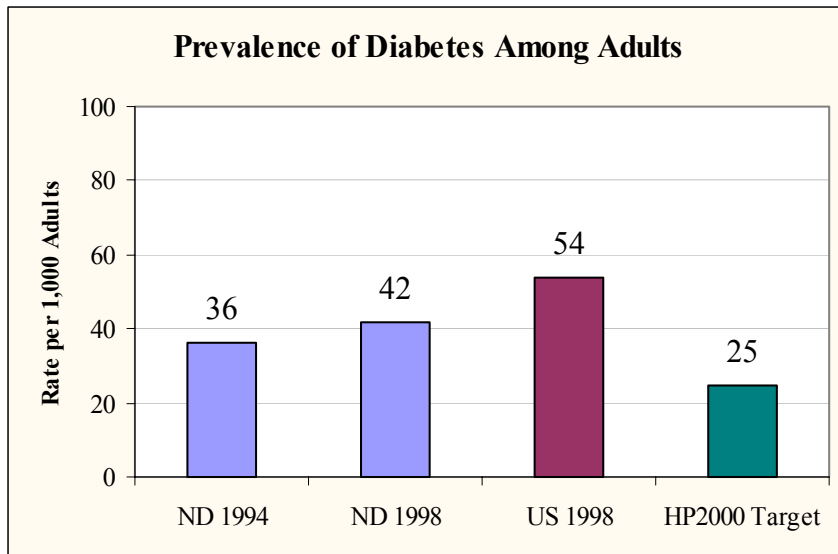
Reduce diabetes to a prevalence of no more than 25 per 1,000 people.

U.S. 1998:

54 per 1,000 adults

North Dakota 1998:

42 per 1,000 adults



3.2 Rate of lower extremity amputations

Year 2000 Goal:

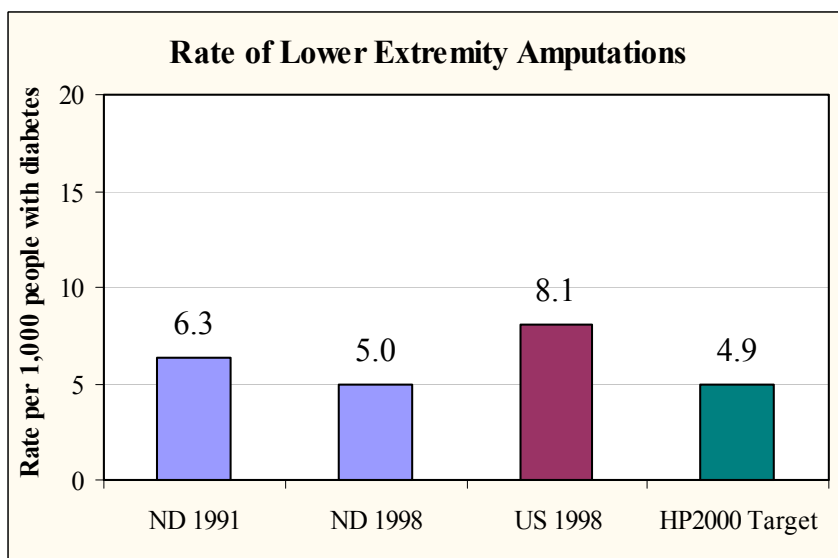
Reduce the rate of lower extremity amputations to less than 4.9 per 1,000 people with diabetes

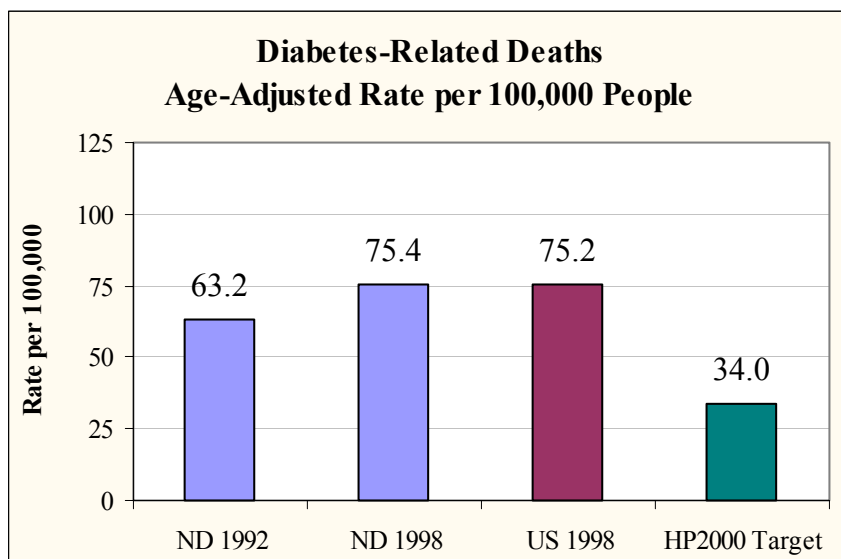
U.S. 1998:

8.1 per 1,000

North Dakota 1998:

5.0 per 1,000





In 1998, diabetes was the sixth leading cause of death in North Dakota.

3.3 Diabetes-related deaths, age-adjusted rate per 100,000 people

Year 2000 Goal:

Reduce diabetes-related deaths to no more than 34 per 100,000 people.

U.S. 1998:

75.2 per 100,000

North Dakota 1998:

75.4 per 100,000

4. Environmental Health/Food Safety

4.1 Proportion of homes with radon testing

Year 2000 Goal:

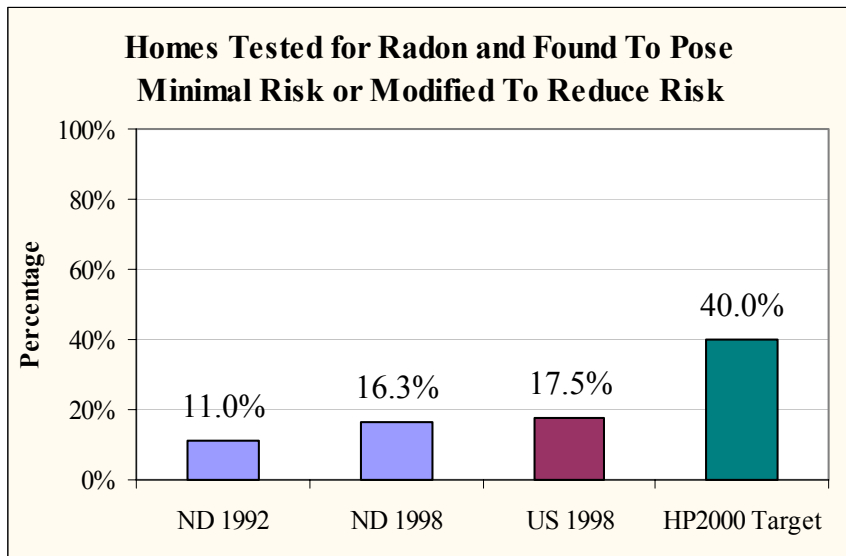
Increase to at least 40 percent the proportion of homes in which homeowners/occupants have tested for radon concentrations and that either have been found to pose minimal risk or have been modified to reduce risk to health.

U.S. 1998:

17.5 percent of homes

North Dakota 1998:

16.3 percent of homes



4.2 Proportion of people who receive a supply of drinking water that meets the safe drinking water standards established by the Environmental Protection Agency

Year 2000 Goal:

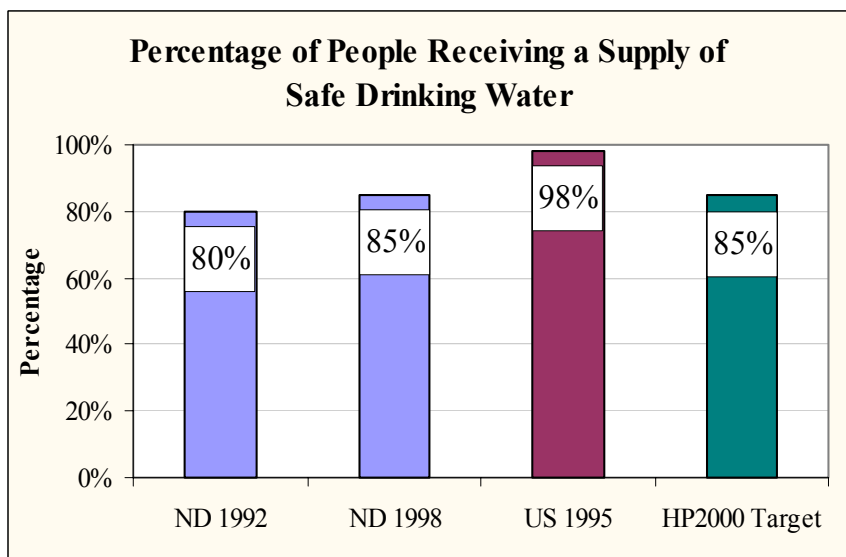
85 percent of community water systems will meet standards.

U.S. 1995:

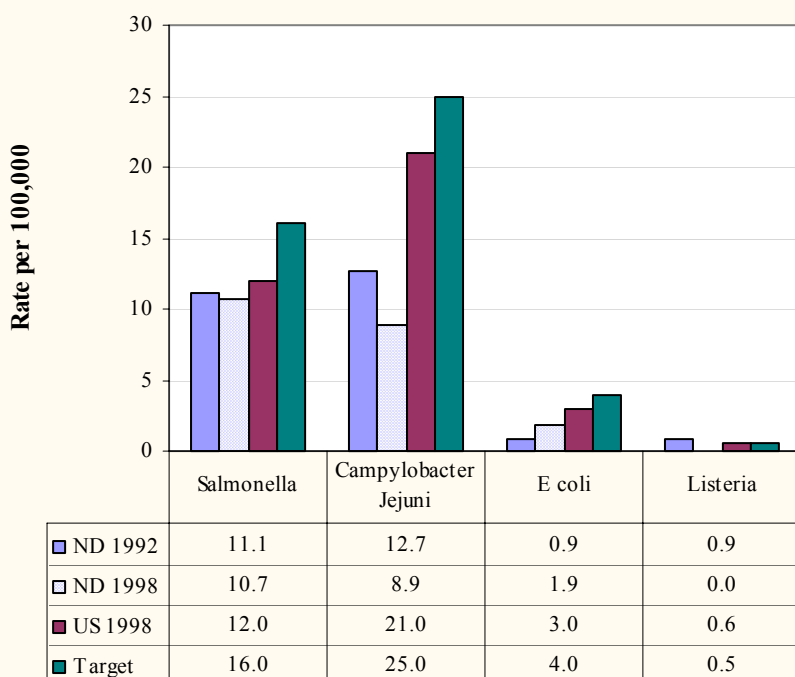
98 percent of people

North Dakota 1998:

85 percent of people



Infections Caused by Foodborne Pathogens



There were no outbreaks of infections due to *Salmonella enteritidis* in North Dakota in 1992 or in 1998.

4.3 Incidence of infections caused by key food borne pathogens, rate per 100,000

Year 2000 Goal:

Reduce infections caused by key food borne pathogens to incidences of no more than:

Salmonella	16.0 per 100,000
Campylobacter	25.0 per 100,000
E coli	4.0 per 100,000
Listeria	0.5 per 100,000

U.S. 1998:

Salmonella	12.0 per 100,000
Campylobacter	21.0 per 100,000
E coli	3.0 per 100,000
Listeria	0.6 per 100,000

North Dakota 1998:

Salmonella	10.7 per 100,000
Campylobacter	8.9 per 100,000
E coli	1.9 per 100,000
Listeria	0.0 per 100,000

4.4 Outbreaks of infections per year due to *Salmonella enteritidis*

Year 2000 Goal:

Reduce outbreaks of infections due to *Salmonella enteritidis* to fewer than 25 outbreaks yearly.

U.S. 1998:

49 outbreaks

North Dakota 1998:

No outbreaks

5. Family Planning

5.1 Pregnancies among girls age 15 through 17, rate per 1,000 adolescents females

Year 2000 Goal:

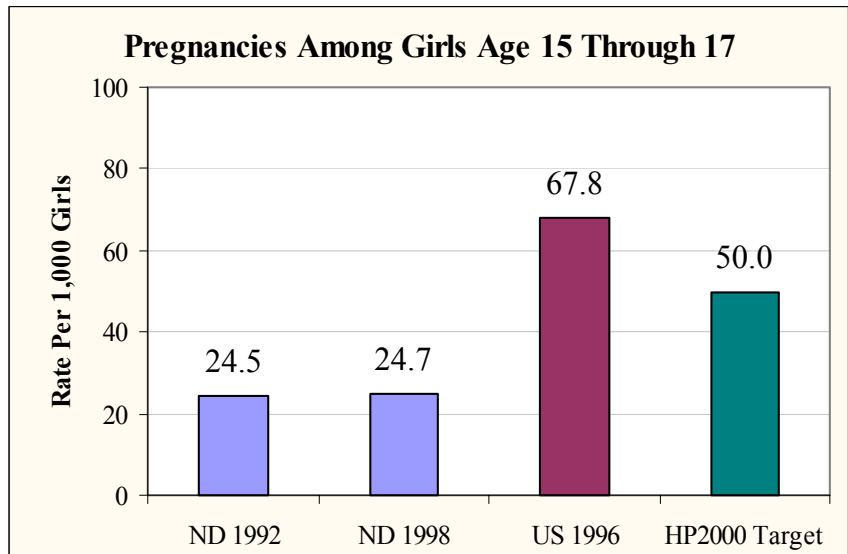
Reduce pregnancies among females age 15 through 17 to no more than 50 per 1,000 adolescent females.

U.S. 1996:

67.8 per 1,000 females age 15 through 17

North Dakota 1998:

24.7 per 1,000 females age 15 through 17



5.2 Proportion of all pregnancies that are unintended

U.S. Year 2000 Goal:

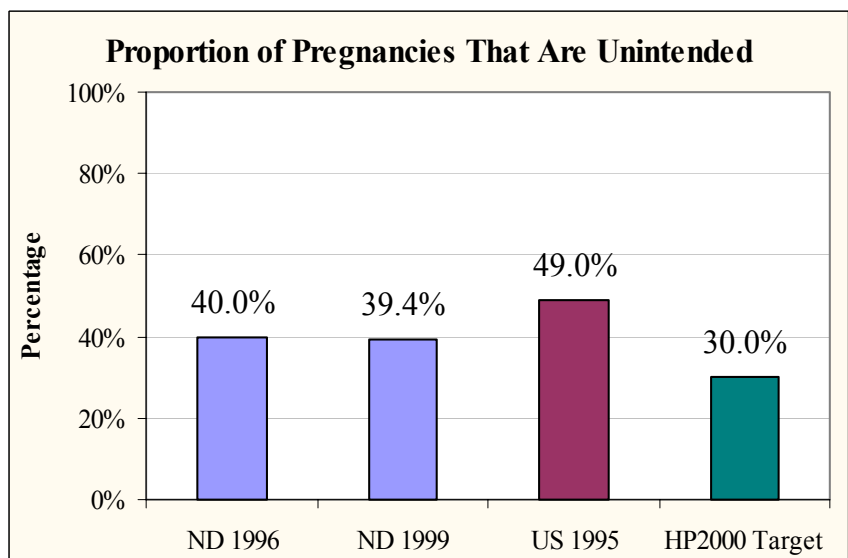
Reduce to no more than 30 percent the proportion of all pregnancies that are unintended.

U.S. 1995:

49.0 percent

North Dakota 1999:

39.4 percent



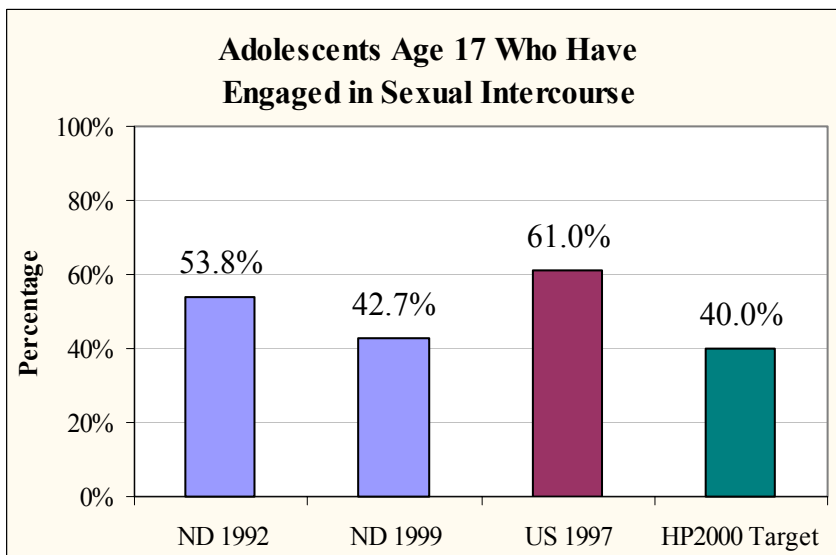
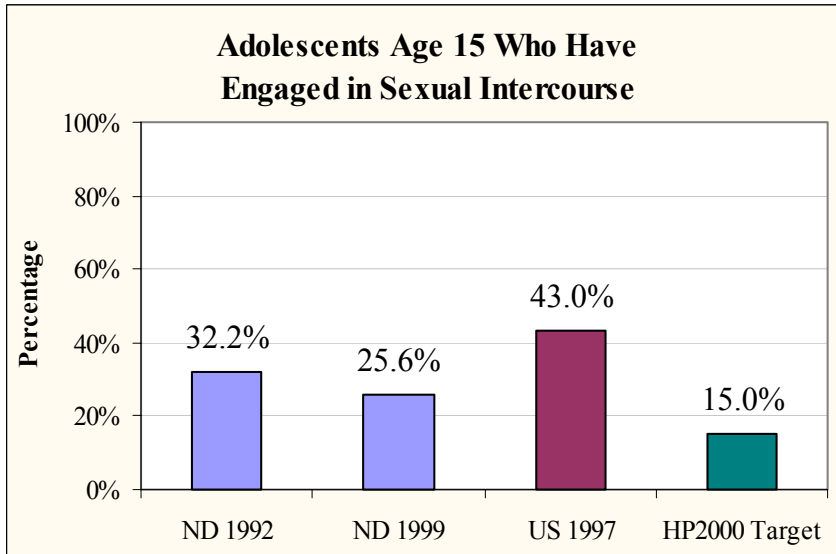
5.3 Proportion of adolescents who have engaged in sexual intercourse

Age 15

U.S. Year 2000 Goal:
15 percent

U.S. 1997:
43 percent

North Dakota 1999:
25.6 percent



Age 17

U.S. Year 2000 Goal:
40 percent

U.S. 1997:
61 percent

North Dakota 1999:
42.7 percent

6. HIV/STD

6.1 Annual incidence of diagnosed AIDS cases, number of cases

U.S. Year 2000 Goal:

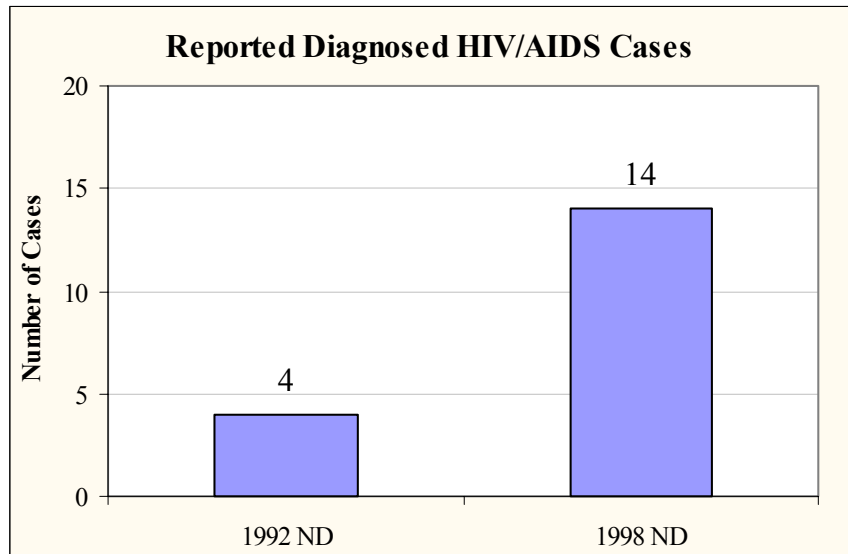
Confine annual incidence of diagnosed AIDS cases to no more than 98,000 cases.

U.S. 1998:

43,183 cases (CDC HIV/AIDS Update)

North Dakota 1998:

14 reported HIV/AIDS cases



6.2 Prevalence of HIV infection, rate per 100,000 people

U.S. Year 2000 Goal:

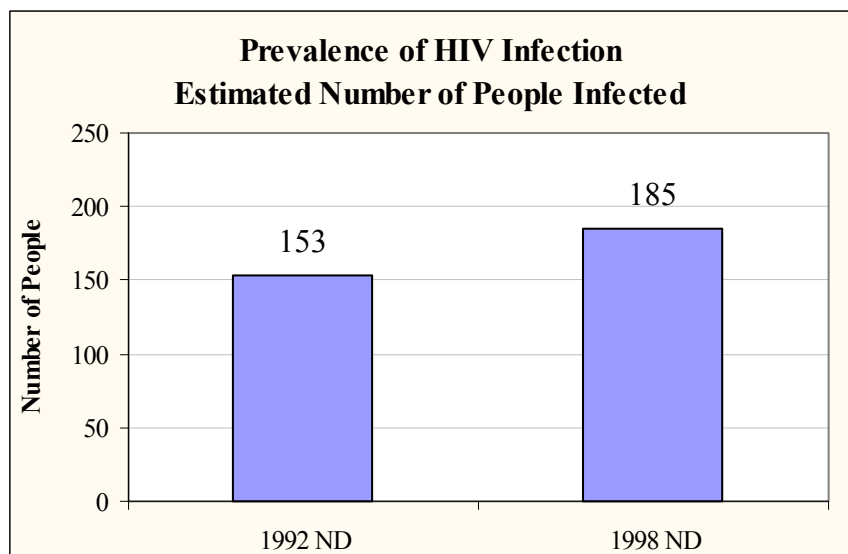
Confine the prevalence rate to 800 per 100,000 people.

U.S. 1998:

The CDC estimates that between 800,000 and 900,000 people are infected with HIV in the United States.

North Dakota 1998:

Estimated 185 people.



Note: CDC no longer calculates an HIV infection rate per 100,000 people.

Use of Condoms

North Dakota:

Adults 1997:
48.4 percent (BRFSS, adults age 18
through 44)

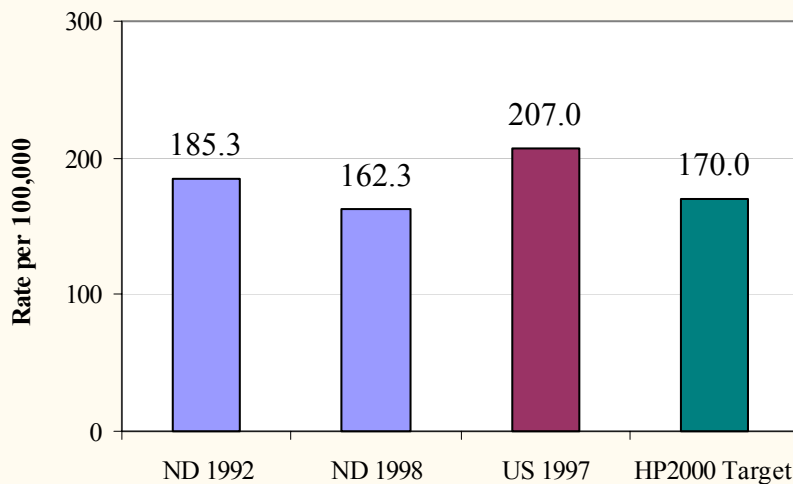
High school students 1999:
23.4 percent (YRBS)

6.3 Proportion of sexually active, unmarried people who use condoms

U.S. Year 2000 Goal:

Increase the proportion of sexually
active, unmarried people who used
a condom at last intercourse to at
least 50 percent.

Incidence of Chlamydia



6.4 Incidence of chlamydia, cases per 100,000 people

U.S. Year 2000 Goal:

Decrease the incidence rate to less
than 170 per 100,000 people.

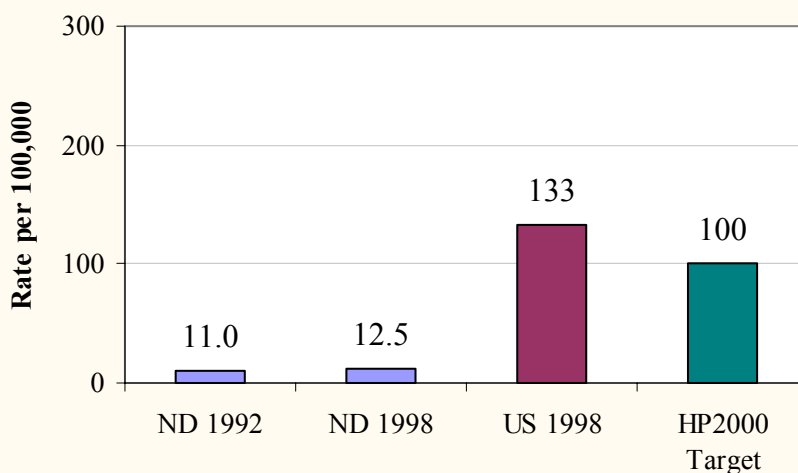
U.S. 1997:

207 per 100,000 people

North Dakota 1998:

162.3 per 100,000 people

Incidence of Gonorrhea



6.5 Incidence of gonorrhea, cases per 100,000 people

U.S. Year 2000 Goal:

Decrease the incidence rate to less
than 100 per 100,000 people.

U.S. 1998:

133 per 100,000 people

North Dakota 1998:

12.5 per 100,000 people

7. Heart Disease and Stroke

7.1 Coronary heart disease deaths, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:

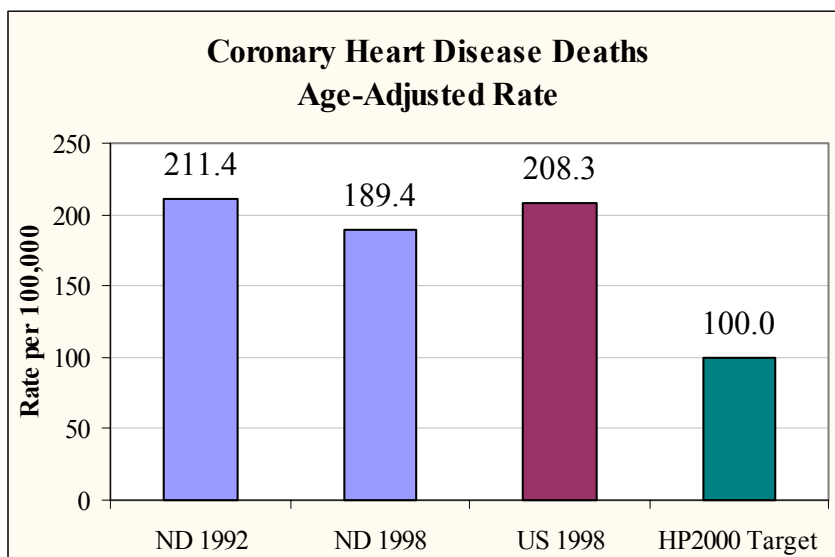
Reduce coronary heart disease deaths to no more than 100 per 100,000 people.

U.S. 1998:

208.3 per 100,000 people

North Dakota 1998:

189.4 per 100,000 people



7.2 Stroke deaths, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:

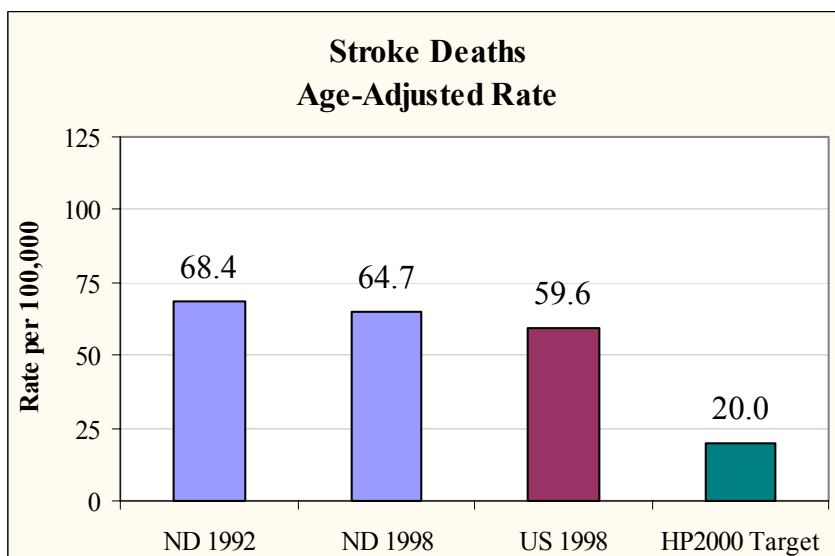
Reduce stroke deaths to no more than 20 per 100,000 people.

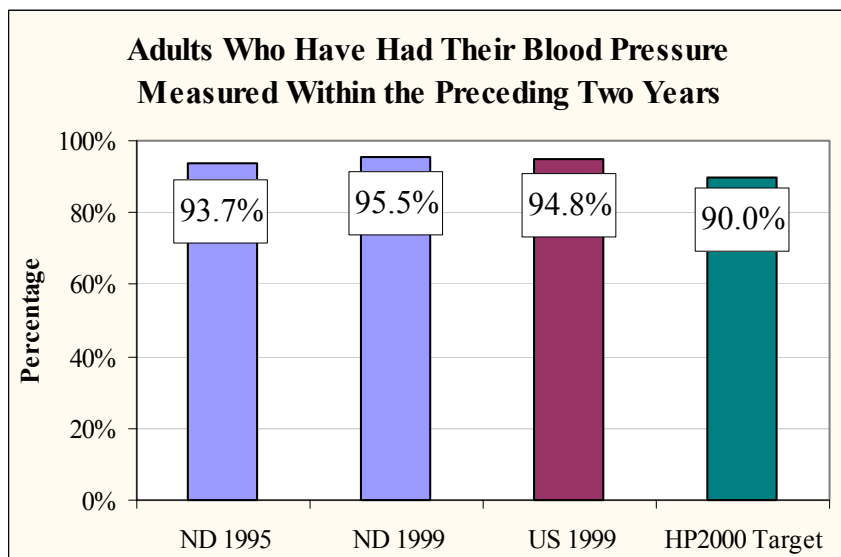
U.S. 1998:

59.6 per 100,000 people

North Dakota 1998:

64.7 per 100,000 people





7.3 Proportion of adults who have had their blood pressure measured within the preceding two years

U.S. Year 2000 Goal:

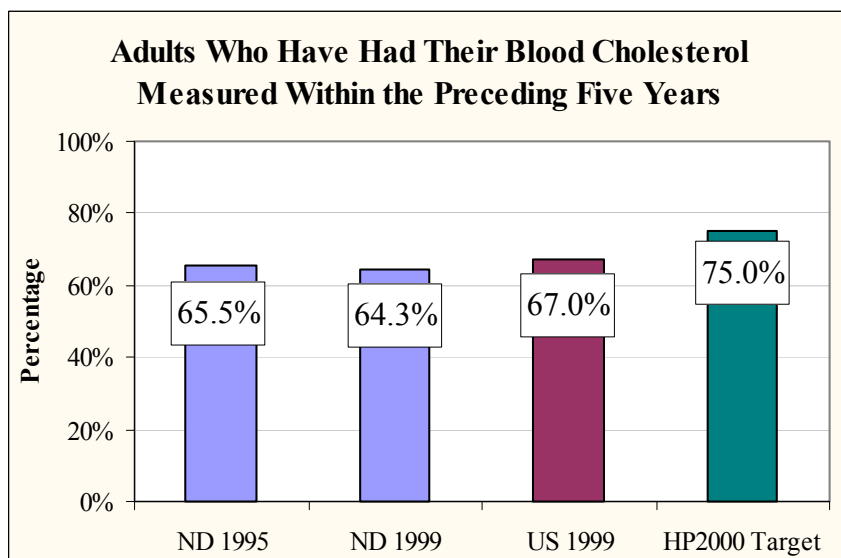
Increase to at least 90 percent the proportion of adults who have had their blood pressure measured within the preceding two years.

U.S. 1999:

94.8 percent of adults

North Dakota 1999:

95.5 percent of adults



7.4 Proportion of adults who have had their blood cholesterol checked within the preceding five years

U.S. Year 2000 Goal:

Increase to at least 75 percent the proportion of adults who have had their blood cholesterol checked within the preceding five years.

U.S. 1999:

67.0 percent of adults

North Dakota 1999:

64.3 percent of adults

8. Immunizations and Infectious Diseases

8.1 Reduce indigenous cases of vaccine-preventable diseases

U.S. Year 2000 Goal:

Decrease the number of cases as follows:

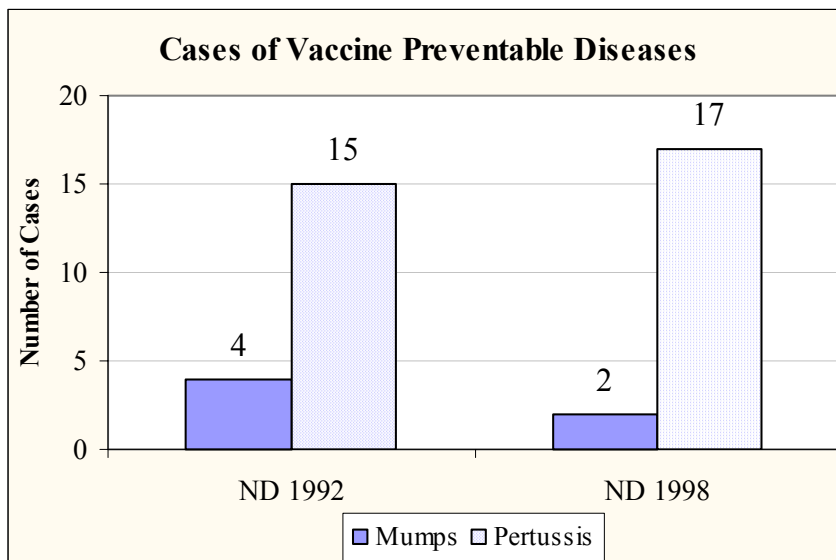
Mumps: 500
Pertussis: 1,000

U.S. 1998:

Mumps: 666
Pertussis: 7,405

North Dakota 1998:

Mumps: 2
Pertussis: 17



8.2 Viral hepatitis, reduce the rate per 100,000 people

U.S. Year 2000 Goal:

Reduce the rate of viral hepatitis as follows:

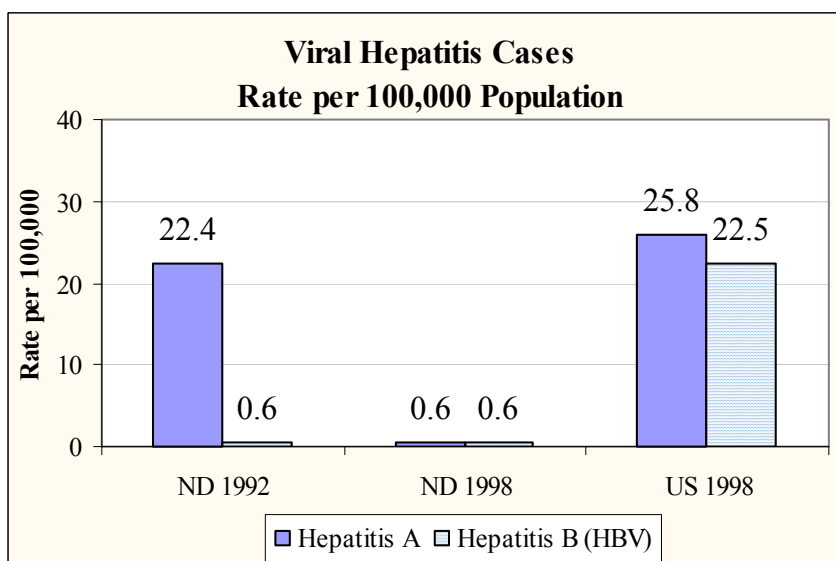
Hepatitis A: 16 per 100,000
Hepatitis B: 40 per 100,000

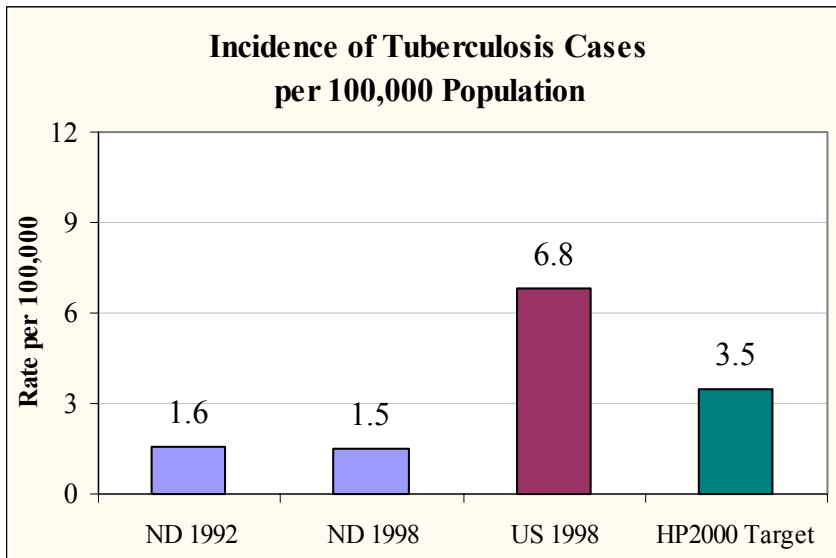
U.S. 1998:

Hepatitis A: 25.8 per 100,000
Hepatitis B: 22.5 per 100,000

North Dakota 1998:

Hepatitis A: 0.6 per 100,000
Hepatitis B: 0.6 per 100,000





8.3 Incidence of TB, cases per 100,000 people

U.S. Year 2000 Goal:

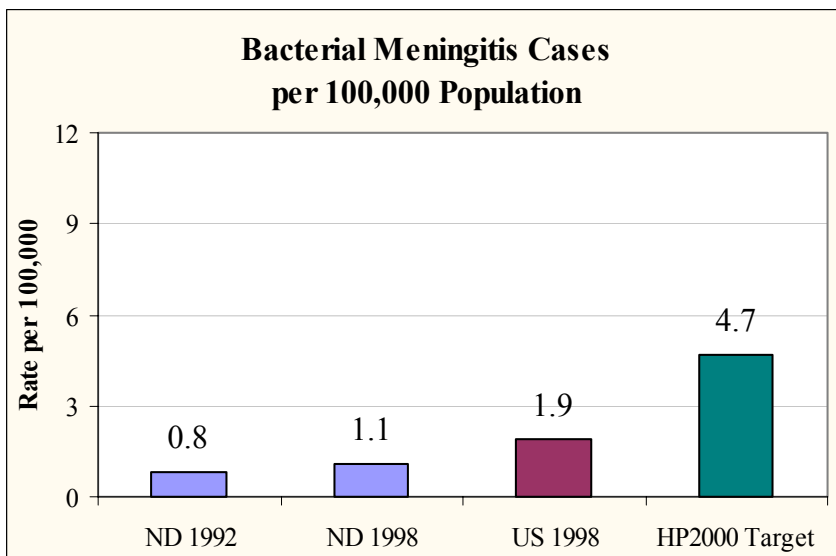
Reduce tuberculosis to an incidence of no more than 3.5 cases per 100,000 people.

U.S. 1998:

6.8 per 100,000 people

North Dakota 1998:

1.5 per 100,000 people



8.4 Bacterial meningitis, cases per 100,000 people

U.S. Year 2000 Goal:

Reduce bacterial meningitis to no more than 4.7 cases per 100,000 people.

U.S. 1998:

1.9 per 100,000 people

North Dakota 1998:

1.1 per 100,000 people

9. Maternal and Infant Health

9.1 Infant mortality rate per 1,000 live births, neonatal and postneonatal mortality rates per 1,000 live births

U.S. Year 2000 Goal:

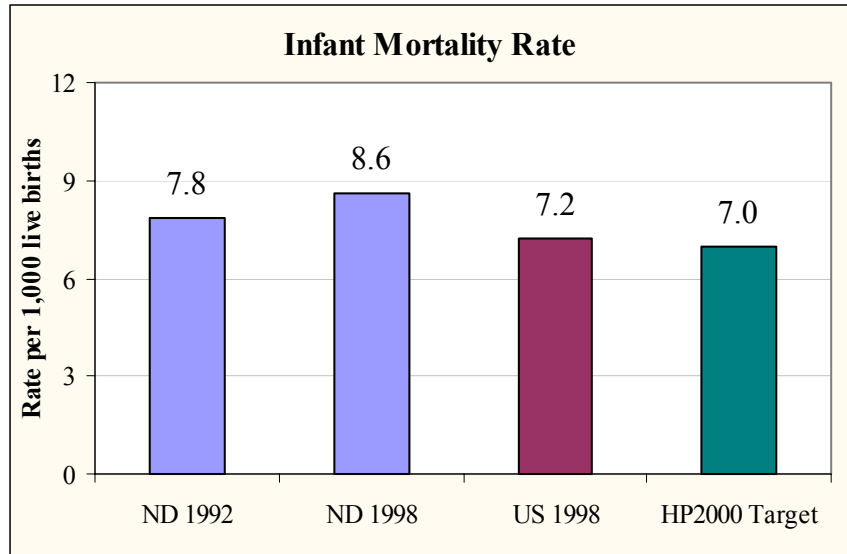
Reduce the infant mortality rate to no more than seven per 1,000 live births.

U.S. 1998:

7.2 per 1,000 live births

North Dakota 1998:

8.6 per 1,000 live births



9.2 Incidence of low birth weight and very low birth weight, percentage of live births

U.S. Year 2000 Goal:

Reduce low birth weight to an incidence of no more than 5 percent of live births and very low birth weight to no more than 1 percent of live births.

U.S. 1998:

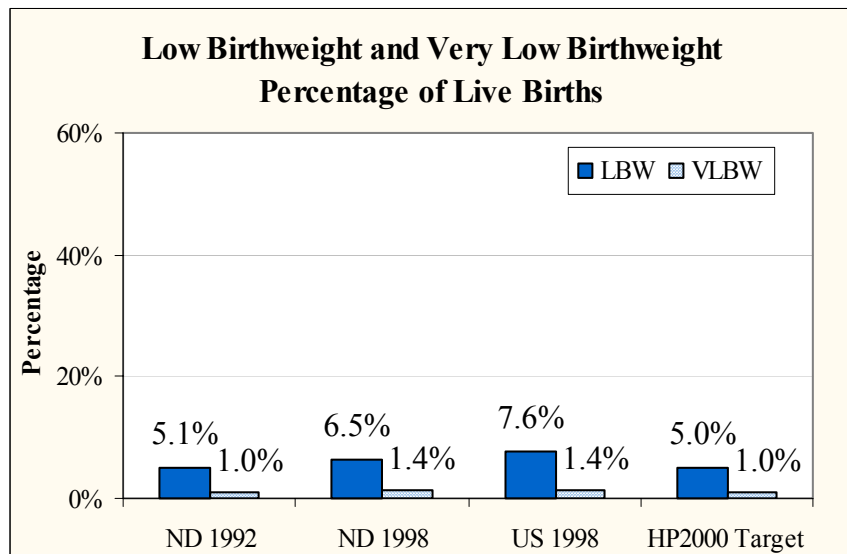
LBW 7.6 percent

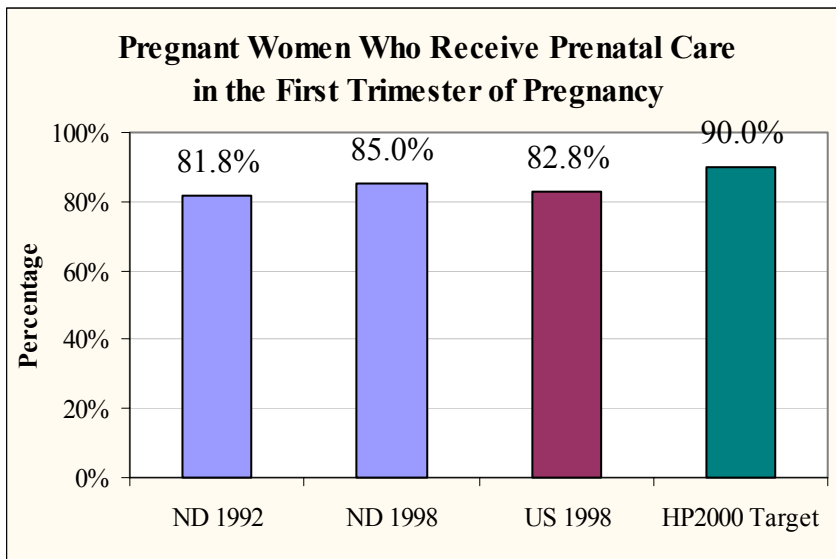
VLBW 1.4 percent

North Dakota 1998:

LBW 6.5 percent

VLBW 1.4 percent





9.3 Proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy

U.S. Year 2000 Goal:

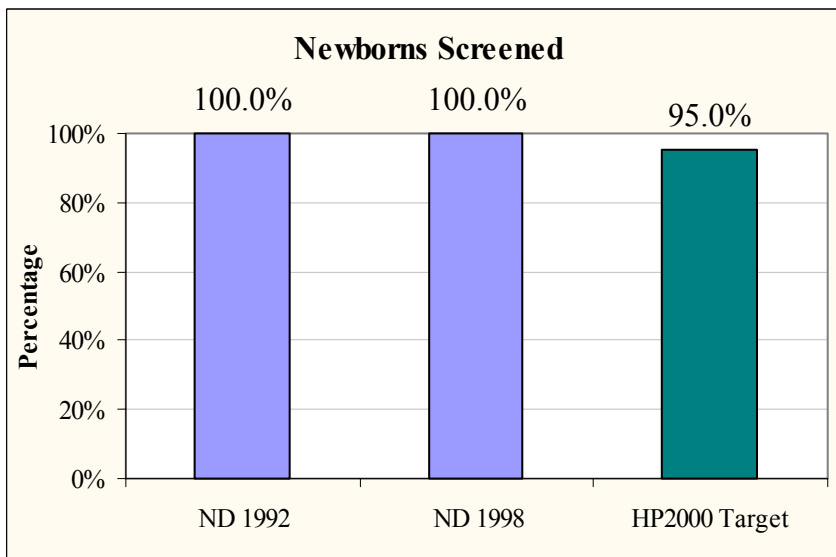
Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.

U.S. 1998:

82.8 percent

North Dakota 1998:

85.0 percent



9.4 Proportion of newborns screened and receiving appropriate treatment

U.S. Year 2000 Goal:

Increase to at least 95 percent the proportion of newborns screened by state-sponsored programs for genetic disorders and other disabling conditions and the proportion of newborns testing positive for disease who receive appropriate treatment.

U.S. 1998:

Data not available

North Dakota 1998:

100 percent of newborns screened
100 percent of newborns testing positive received appropriate treatment

10. Oral Health

10.1 Proportion of children with one or more dental caries

U.S. Year 2000 Goal:

Reduce dental caries so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 35 percent among children age 6 through 8 and no more than 60 percent among adolescents age 15.

U.S. 1994:

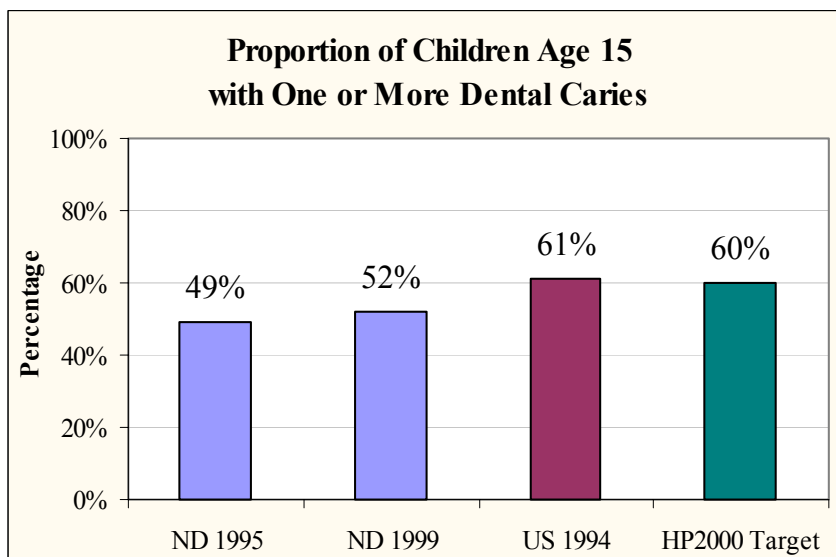
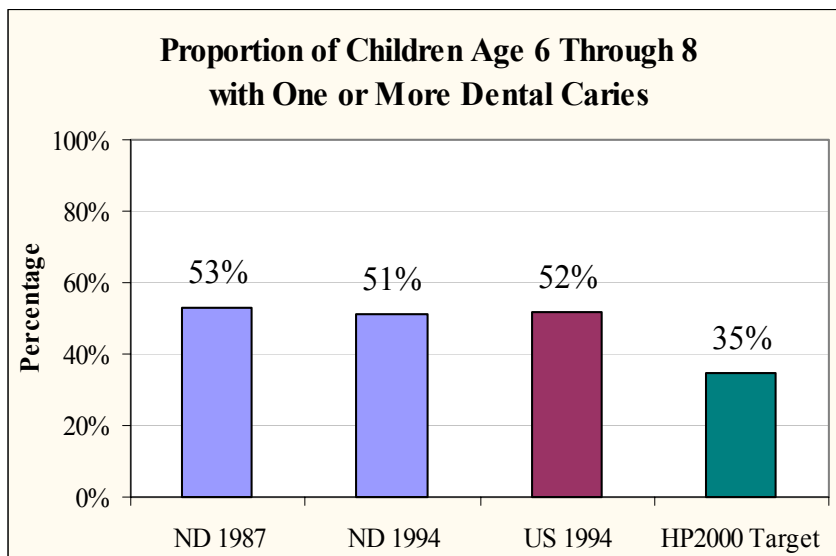
Age 6 through 8 52 percent
Age 15 61 percent

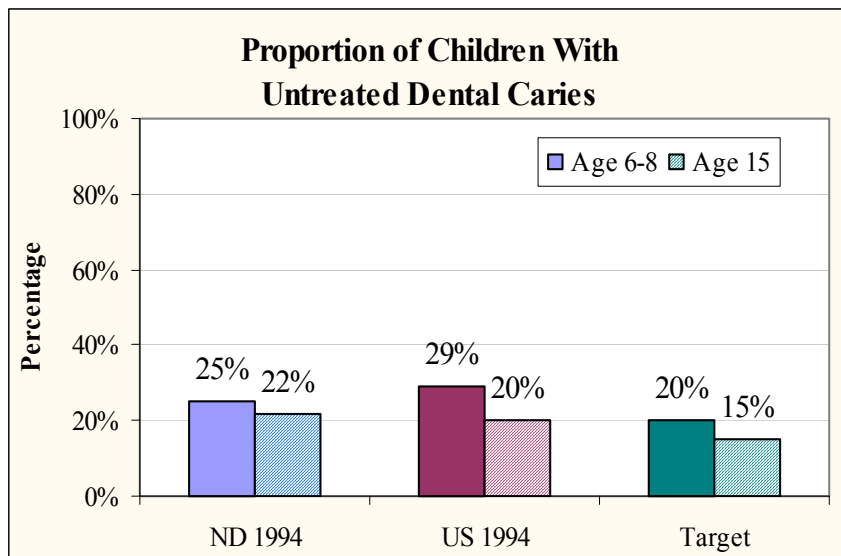
North Dakota 1994:

Age 6 through 8 51 percent

North Dakota 1999:

Age 15 52 percent





10.2 Proportion of children with untreated dental caries

U.S. Year 2000 Goal:

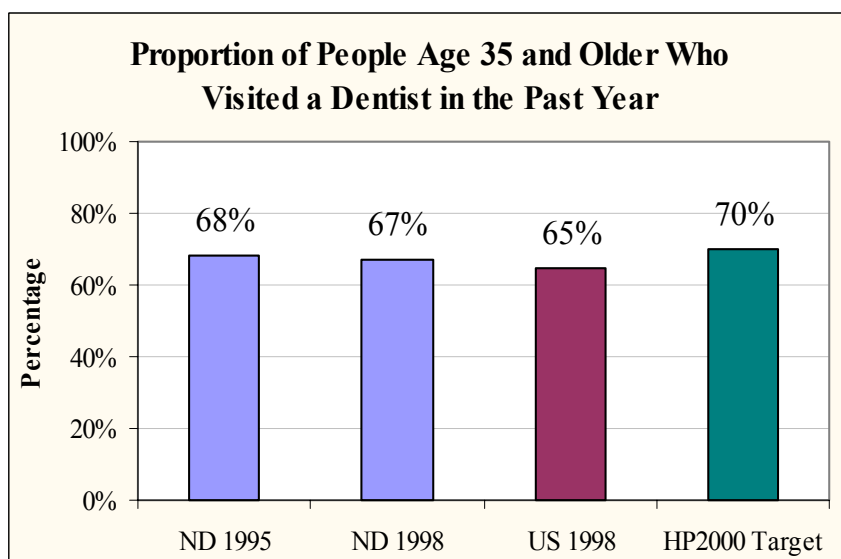
Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children age 6 through 8 and no more than 15 percent among adolescents age 15.

U.S. 1994:

Age 6 through 8	29 percent
Age 15	20 percent

North Dakota 1994:

Age 6 through 8	25 percent
Age 15	22 percent



10.3 Proportion of people age 35 and older using the oral health care system during each year

U.S. Year 2000 Goal:

Increase to at least 70 percent the proportion of people age 35 and older using the oral health care system during each year.

U.S. 1998:

65 percent

North Dakota 1998:

67 percent

11. Physical Activity/Nutrition

11.1 Prevalence of overweight among adults

U.S. Year 2000 Goal:

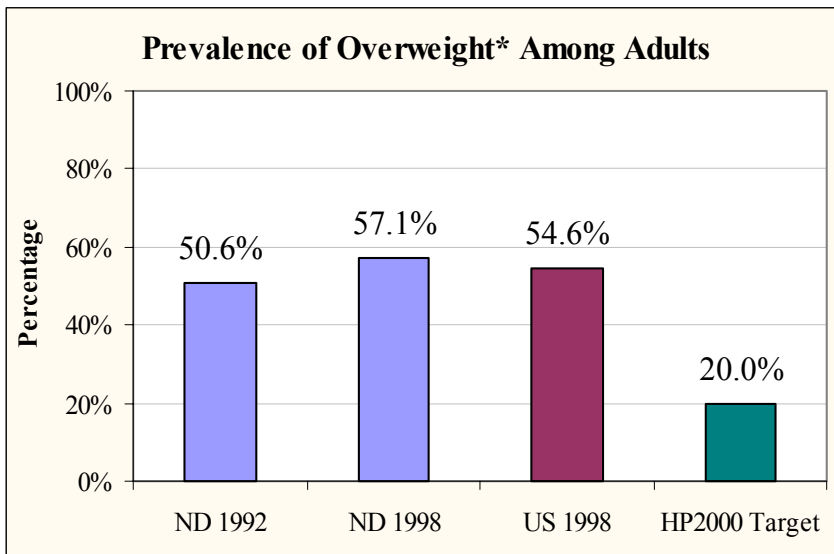
Reduce the prevalence of overweight among adults to less than 20 percent.

U.S. 1998:

54.6 percent

North Dakota 1998:

57.1 percent



* Body Mass Index (BMI) ≥ 25

11.2 Prevalence of overweight among adolescents in grades nine through 12

U.S. Year 2000 Goal:

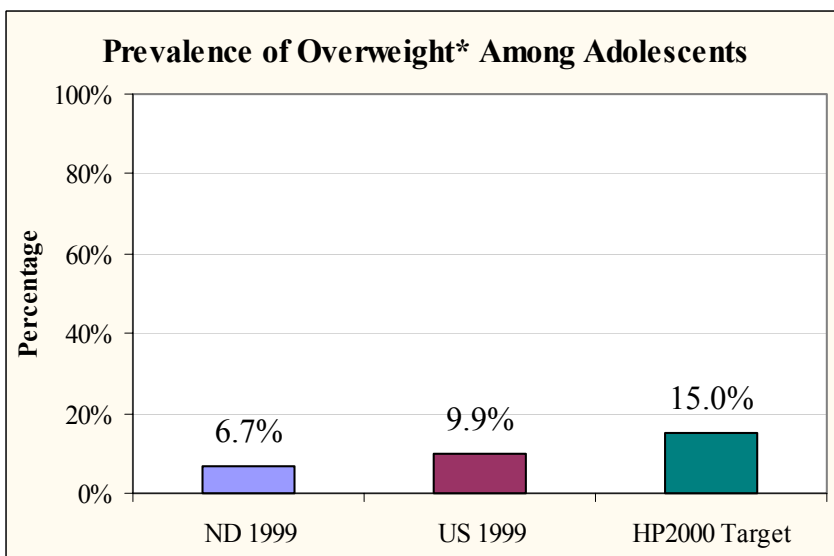
Reduce the prevalence of overweight among adolescents in grades nine through 12 to less than 15 percent.

U.S. 1999:

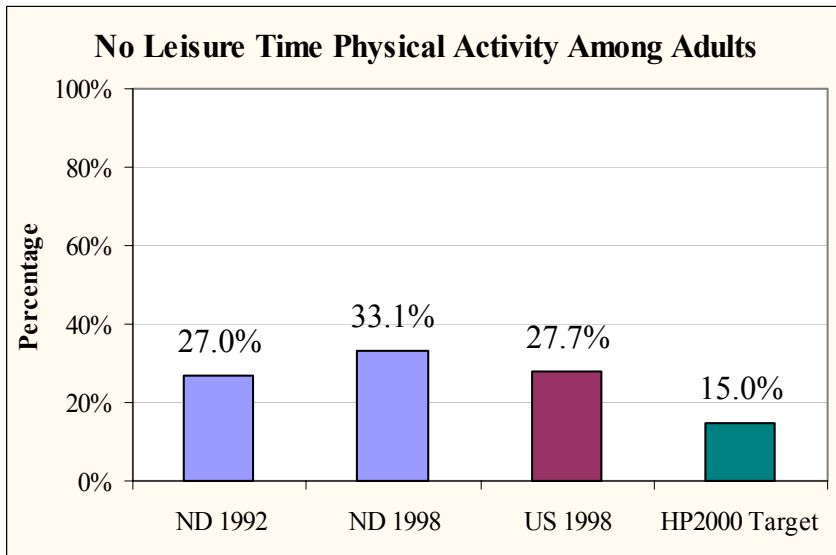
9.9 percent

North Dakota 1999:

6.7 percent



* At or above the 95th percentile



11.3 Proportion of people age 18 and older who engage in no leisure-time physical activity

U.S. Year 2000 Goal:

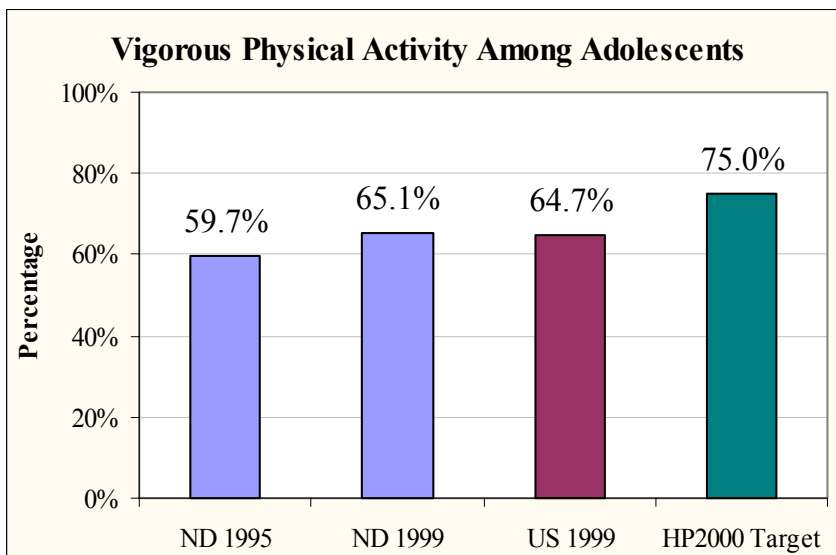
Reduce the proportion of adults who engage in no leisure-time physical activity to less than 15 percent.

U.S. 1998:

27.7 percent

North Dakota 1998:

33.1 percent



11.4 Proportion of adolescents in grades nine through 12 who engage in vigorous physical activity

U.S. Year 2000 Goal:

Increase the proportion of adolescents in grades nine through 12 who engage in vigorous physical activity to 75 percent.

U.S. 1999:

64.7 percent

North Dakota 1999:

65.1 percent

12. Tobacco

12.1 Lung cancer deaths, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:

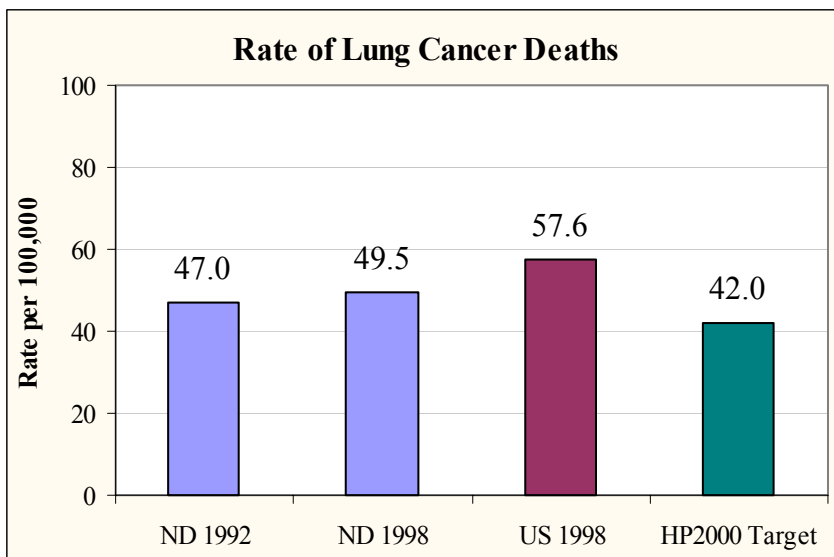
Slow the rise in lung cancer deaths to achieve a rate of no more than 42 per 100,000 people.

U.S. 1998:

57.6 per 100,000

North Dakota 1998:

49.5 per 100,000



12.2 Chronic obstructive pulmonary disease deaths, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:

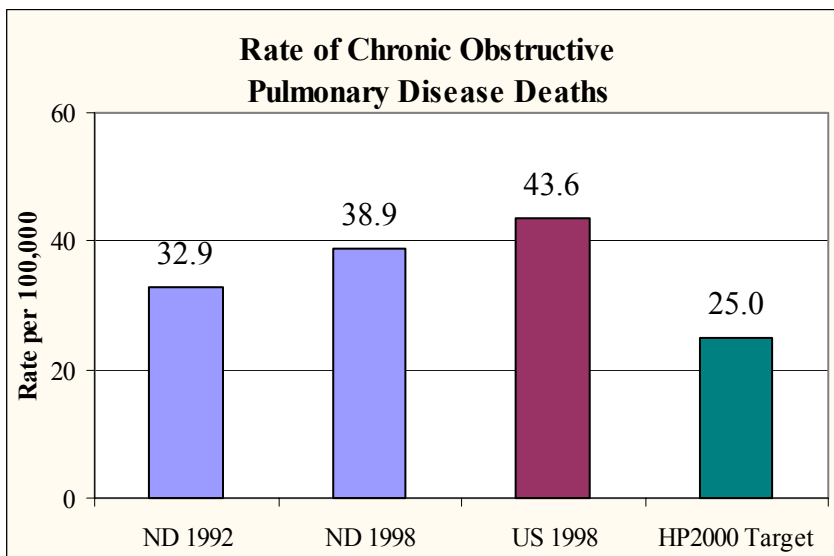
Slow the rise in deaths from chronic obstructive pulmonary disease to achieve a rate of no more than 25 per 100,000 people.

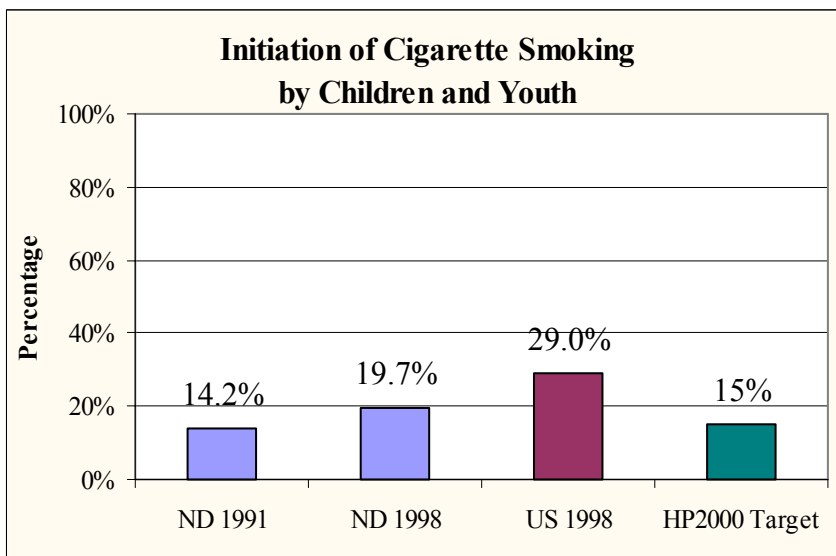
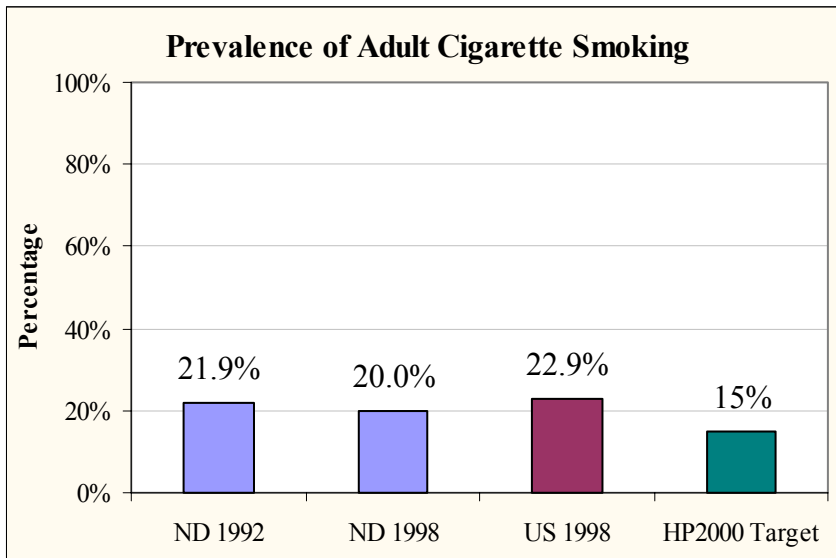
U.S. 1998:

43.6 per 100,000

North Dakota 1998:

38.9 per 100,000





Proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace.

U.S. Year 2000 Goal: 75 percent

North Dakota:

1991 – 73.0 percent of worksites

1999 – 74.8 percent of worksites

12.3 Prevalence of cigarette smoking among people age 20 and older

U.S. Year 2000 Goal:

Reduce cigarette smoking to a prevalence of no more than 15 percent among people age 20 and older.

U.S. 1998:

22.9 percent of adults age 18 and older

North Dakota 1998:

20.0 percent of adults age 18 and older

12.4 Initiation of cigarette smoking by children and youth, percentage who have become regular cigarette smokers by age 20

U.S. Year 2000 Goal:

Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular cigarette smokers by age 20.

U.S. 1998:

29.0 percent of adults age 20 through 24

North Dakota 1998:

19.7 percent of adults age 20 through 24

13. Violence/Injuries/Suicide

13.1 Deaths caused by unintentional injuries, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:

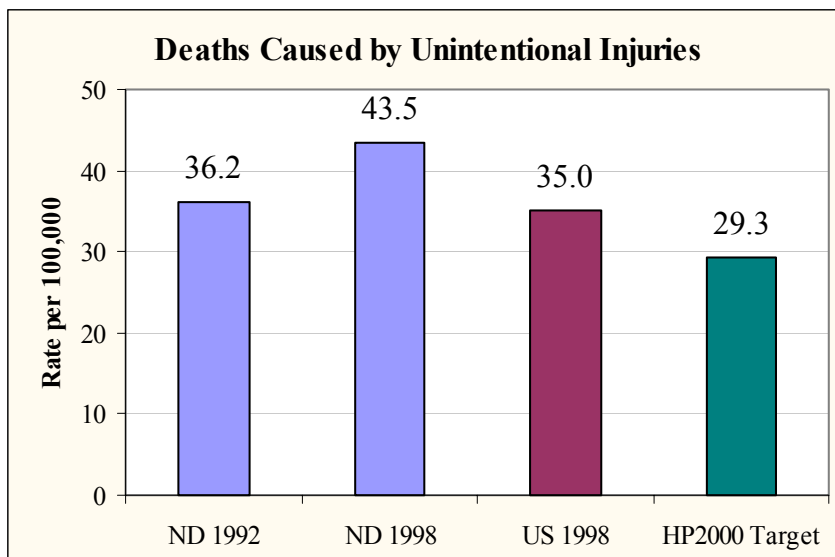
Reduce the rate of deaths caused by unintentional injuries to 29.3 per 100,000 population.

U.S. 1998:

35.0 per 100,000

North Dakota 1998:

43.5 per 100,000



13.2 Deaths caused by motor vehicle crashes, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:

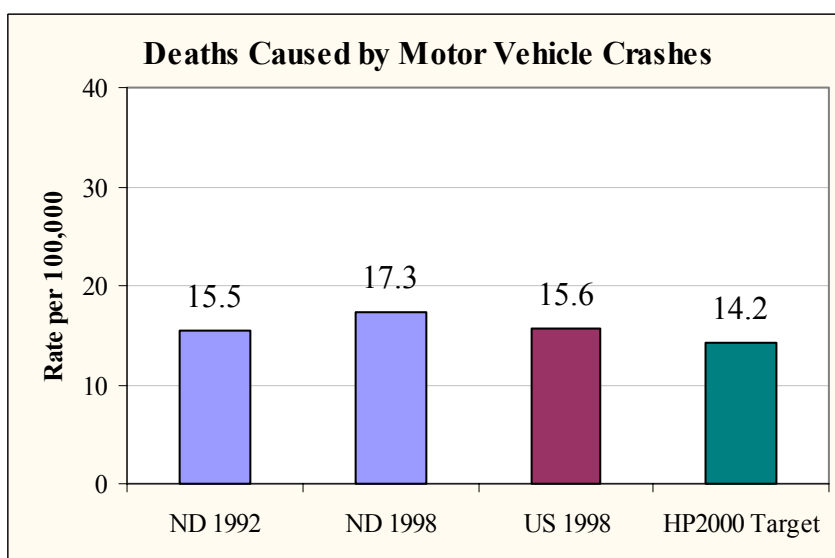
Reduce the rate of deaths caused by motor vehicle crashes to 14.2 per 100,000 population.

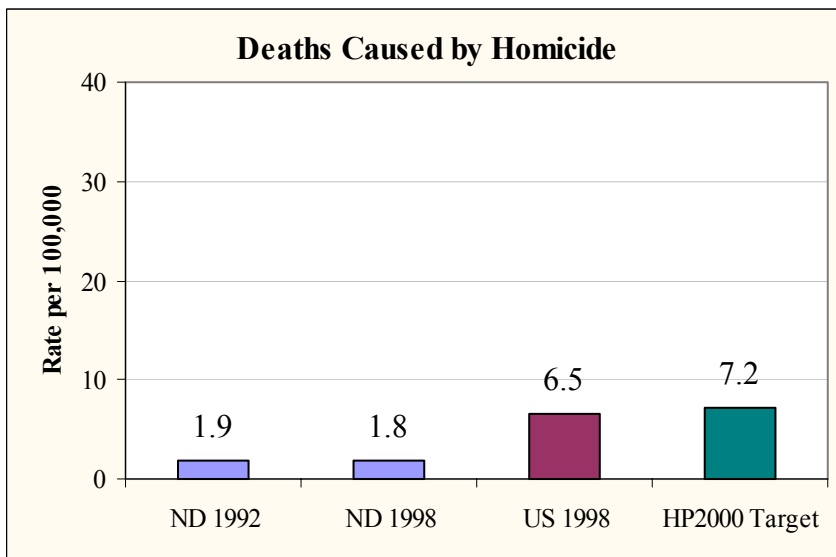
U.S. 1998:

15.6 per 100,000

North Dakota 1998:

17.3 per 100,000



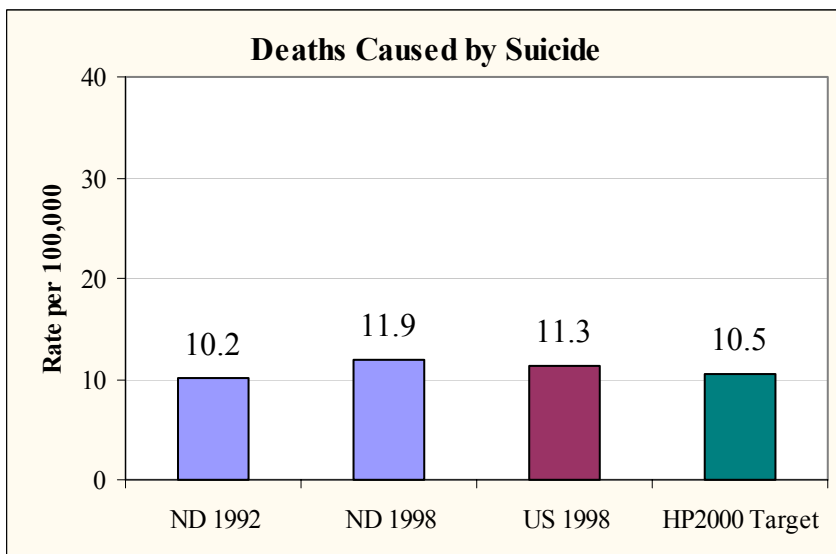


13.3 Homicides, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:
Reduce the rate of deaths by homicide to 7.2 per 100,000 population.

U.S. 1998:
6.5 per 100,000

North Dakota 1998:
1.8 per 100,000



13.4 Suicides, age-adjusted rate per 100,000 people

U.S. Year 2000 Goal:
Reduce the rate of deaths by suicide to 10.5 per 100,000 population.

U.S. 1998:
11.3 per 100,000

North Dakota 1998:
11.9 per 100,000

13. Violence/Injuries/Suicide

13.5 Incidence of injurious suicide attempts among adolescents age 14 through 17

YRBS, percentage within the previous 12 months.

U.S. Year 2000 Goal:

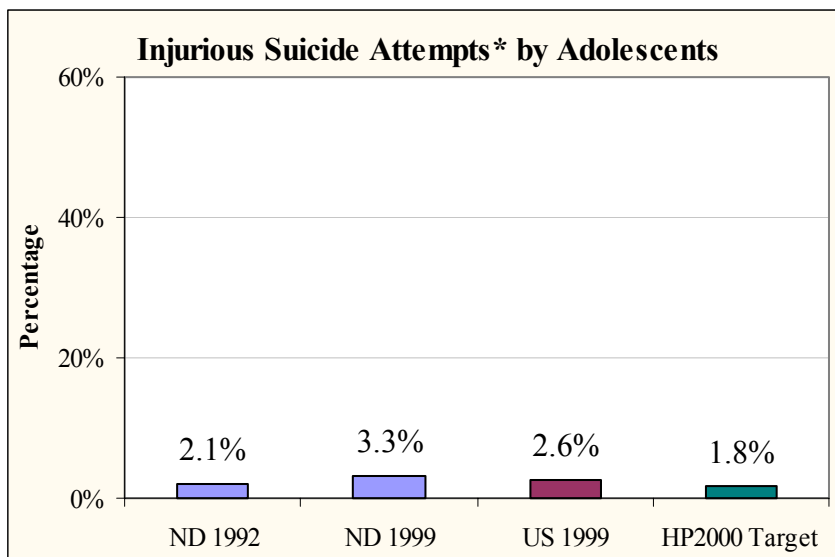
Reduce by 15 percent the incidence of injurious suicide attempts among adolescents.

U.S. 1999:

2.6 percent

North Dakota 1999:

3.3 percent



* Resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

13.6 Incidence of physical fighting among adolescents age 14 through 17

YRBS, percentage involved in one or more fights in the previous 12 months.

U.S. Year 2000 Goal:

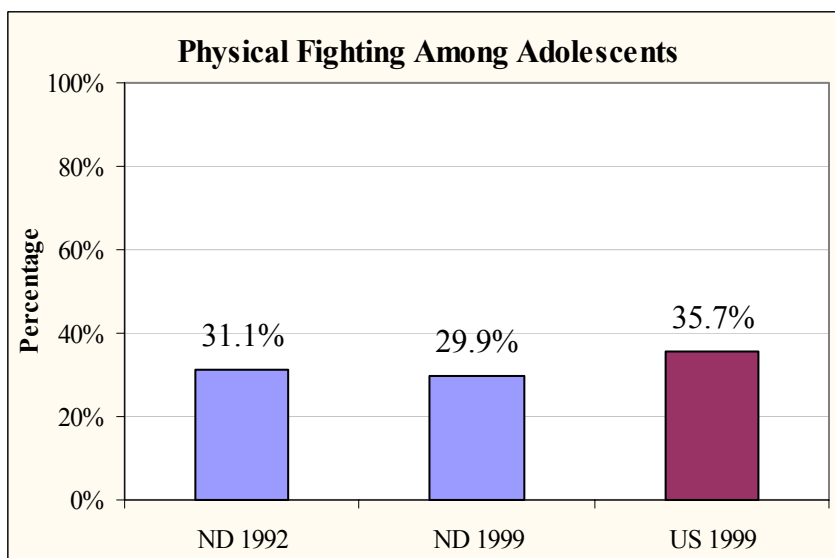
Reduce by 20 percent the incidence of physical fighting among adolescents.

U.S. 1999:

35.7 percent

North Dakota 1999:

29.9 percent



Future Direction

The North Dakota Department of Health continues to work toward improving the health of North Dakota citizens. Healthy People 2010 provides a model of health objectives to be targeted throughout the decade.

The Department of Health will be tracking many of the objectives defined in Healthy People 2010.



Age Adjusting

All age-adjusted death rates are adjusted to the U.S. 2000 population standard.

Data Sources

North Dakota Department of Health

- Division of Vital Records
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Youth Risk Behavior Survey (YRBS)
- Diabetes Control Program Surveillance Report
- 1998 Survey Report on Public Knowledge About Radon and Smoking
- Division of Municipal Facilities
- Summary of Selected Reportable Conditions, North Dakota Division of Disease Control, 1996-2001
- New Mothers Survey
- HIV/AIDS Program

U.S. Department of Health and Human Services Publications

- Healthy People 2000 Final Review
- Healthy People 2010: Understanding and Improving Health
- Tracking Healthy People 2010

Centers for Disease Control and Prevention

- HIV/AIDS Update
- National Center for Health Statistics

Healthy People 2000 Objectives Associated With the State Objectives in This Report

State Focus Areas and Objectives	HP 2000 Objective Number
1. Alcohol and Other Drugs	
1.1 Deaths caused by alcohol-related motor vehicle crashes	4.1
1.2 Average age of first use of cigarettes, alcohol and marijuana	4.5
1.3 Young people who have used alcohol, marijuana and cocaine in the past month	4.6
2. Cancer	
2.1 Cancer deaths, age-adjusted rate per 100,000 people	16.1
2.2 Breast cancer deaths, age-adjusted rate per 100,000 women	16.3
2.3 Deaths from cancer of the uterine cervix, rate per 100,000 women	16.4
2.4 Colorectal cancer deaths, rate per 100,000 people	16.5
2.5 Proportion of women age 40 and older who have ever received a clinical breast exam and a mammogram	16.11
2.6 Proportion of women age 18 and older who have ever received a Pap test	16.12
2.7 Proportion of adults age 40 and older who have had a sigmoidoscopy or colonoscopy	16.13
3. Diabetes	
3.1 Prevalence of diabetes	17.11
3.2 Rate of severe complications	17.10
3.3 Diabetes-related deaths	17.9
4. Environmental Health/Food and Drug Safety	
4.1 Proportion of homes with radon testing	11.6
4.2 Proportion of people who receive safe drinking water	11.9
4.3 Incidence of infections caused by key food borne pathogens	12.1
4.4 Outbreaks of infections due to salmonella enteritidis	12.2
5. Family Planning	
5.1 Pregnancies among girls age 17 and younger, rate per 1,000 adolescents	5.1
5.2 Proportion of all pregnancies that are unintended	5.2
5.3 Proportion of adolescents who have engaged in sexual intercourse	5.4
6. HIV/STD	
6.1 Annual incidence of diagnosed AIDS cases, number of cases	18.1
6.2 Prevalence of HIV infection, rate per 100,000 people	18.2
6.3 Condom use at last sexual intercourse	18.4
6.4 Incidence of Chlamydia	19.2
6.5 Incidence of Gonorrhea	19.1
7. Heart Disease and Stroke	
7.1 Coronary heart disease deaths, age-adjusted rate per 100,000 people	15.1
7.2 Stroke deaths, age-adjusted rate per 100,000 people	15.2
7.3 Proportion of adults who have had their blood pressure measured within the preceding two years	15.13
7.4 Proportion of adults who have had their blood cholesterol checked within the preceding five years	15.14

State Focus Areas and Objectives		HP 2000 Objective Number
8. Immunizations and Infectious Diseases		
8.1	Indigenous cases of vaccine-preventable diseases	20.1
8.2	Viral hepatitis, per 100,000, and HBV cases	20.3
8.3	Incidence of TB, cases per 100,000 people	20.4
8.4	Bacterial meningitis, cases per 100,000 people	20.7
9. Maternal and Infant Health		
9.1	Infant mortality rate per 1,000 live births, neonatal and post neonatal mortality rates per 1,000 live births	14.1
9.2	Incidence of low birth weight and very low birth weight, percentage of live births	14.5
9.3	Proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy	14.11
9.4	Proportion of newborns screened by state-sponsored programs for genetic disorders and other disabling conditions and the proportion of newborns testing positive for disease who receive appropriate treatment	14.15
10. Oral Health		
10.1	Proportion of children with one or more dental caries	13.1
10.2	Proportion of children with untreated dental caries	13.2
10.3	Proportion of people age 35 and older using the oral health care system during each year	13.14
11. Physical Activity/Nutrition		
11.1	Prevalence of overweight among adults	1.2 & 2.3
11.2	Prevalence of overweight among adolescents in grades nine through 12	1.2 & 2.3
11.3	Proportion of people age 18 and older who engage in no leisure-time physical activity	1.5
11.4	Proportion of adolescents in grades nine through 12 who engage in vigorous physical activity	1.4
12. Tobacco		
12.1	Lung cancer deaths	3.2
12.2	Chronic obstructive pulmonary disease deaths	3.3
12.3	Prevalence of adult cigarette smoking	3.4
12.4	Initiation of cigarette smoking by children and youth	3.5
12.5	Worksites with a formal smoking policy	3.11
13. Violence/Injuries/Suicide		
13.1	Deaths caused by unintentional injuries, age-adjusted rate per 100,000 people	9.1
13.2	Deaths caused by motor vehicle crashes, age-adjusted rate per 100,000 people	9.3
13.3	Homicides, age-adjusted rate per 100,000 people	7.1
13.4	Suicides, age-adjusted rate per 100,000 people	6.1 & 7.2
13.5	Incidence of injurious suicide attempts among adolescents age 14 through 17	6.2 & 7.8
13.6	Incidence of physical fighting among adolescents age 14 through 17	7.9